



CITY OF CHICAGO
DEPARTMENT OF FINANCE

ADMINISTRATIVE HEARING REFUND APPLICATION

Section 1: Applicant Information

First Name: Last Name: Middle Initial:

Address:

City: State: Zip Code:

Telephone #: Email:

Docket #: Driver's License #:

If applicable, provide state tax offset claim/ IW #:

If refund check should be mailed to a different address, please provide below:

Three blank lines for alternate address information.

Reason for Refund:

Refund Amount Requested: \$

Section 2: Proof of Payment

Please provide a copy of one of the following documents and:

- Receipt
Confirmation page or email
Cancelled check (front and back)
Bank Statement
Credit Card Statement
If paid by credit card provide:
First four digits
Last four digits
If paid by electronic check provide:
First five digits of the routing #
Last five digits of the account #

Section 3: Submission of Application

Submit completed application and proof of payment to:

- Email: dor_refunds@cityofchicago.org Fax: 312-744-7317
Mail: Department of Finance, 121 N. LaSalle St., Suite 700, Chicago, Illinois 60602

Section 4: Signature

UNDER PENALTY AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I ACKNOWLEDGE THAT SUBMITTING A FALSE CLAIM FOR REIMBURSEMENT IS PUNISHABLE BY A FINE OF UP TO \$10,000 UNDER SECTION 1-22-020 OF THE MUNICIPAL CODE OF CHICAGO. I ACKNOWLEDGE THAT REFUND PAYMENTS MAY BE APPLIED TO ANY DEBTS DUE AND OWING THE CITY.

PRINT FULL NAME:

SIGNATURE: DATE:

For refund status inquiries, please call 312-744-8447.

Section 5: Departmental Approval - for office use only - REFAPPL05.23.19

APPROVED OR DISAPPROVED: APPROVED BY: DATE:
IF NOT APPROVED, DATE REFUND APPLICANT SENT NOTIFICATION: CAPS CODE:
PV VOUCHER #: REFUND AMT: